

A Society for Mental Hygiene as an Agency for Social Service and Education.

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Instead of discussing Dr. Hoch's paper: The Social Side of Psychiatry, as I am listed on your program to do, I shall simply supplement that paper by describing what may be termed A Social Agent of Psychiatry, viz., A State Society for Mental Hygiene. In so doing, I shall indicate one way in which psychiatric knowledge regarding the more tangible sources of mental disorders may be carried beyond the walls of hospitals and laboratories into the community itself, where, as is obvious, the insanities must be attacked if the heavy burden they place upon the public is to be diminished.

The Connecticut Society for Mental Hygiene, which I have the honor to represent and in the organizing of which I was privileged to take an active part, is unique, in that it is an independent organization, with membership open to all, founded for the purpose of at least attempting to safe-guard the mental health of the public. Another unique feature of this pioneer agency for mental hygiene is that its work is directed by superintendents of State and private hospitals for the insane and feeble-minded, who, together with representative laymen, serve as members of its Executive Committee. In a word, this unofficial agency, by serving as a mutually helpful link between the public and its hospitals for the insane, has begun to fill that gap in our State Hospital system which has everywhere served to isolate these institutions and interfere with their merited development.

The chief functions of our Society are Social Service and Education. Our plan for Social Service, of course, includes work in Prevention and After-Care. To this work, I, myself, who have profited by an inner view of insanity and hospitals for the insane, give as much time as my other duties permit. And, when we employ, as we soon shall, a woman who has had experience in social work and as a nurse among the insane, our social service cases will receive her undivided attention.

The education of the public regarding some causes of insanity, as well as combating the ignorance and prejudice which prevails with respect to mental disorders and the institutions provided for their treatment, we are seeking to accomplish through the press, by means of public lectures, and by the free distribution of pamphlets in which these subjects are authoritatively discussed and popularly presented. Members of our Society, as they become familiar with its work, will also serve as sources of enlightenment. Therefore, in Connecticut at least, the foundation for a State-wide movement in Social Service and Education has been laid.

It seems safe to predict that such a campaign of education as the one outlined will, when the existence of a sufficient number of State Societies and local Committees for Mental Hygiene gives the movement national proportions, result in the discovery and treatment of a great number of incipient and developed cases of mental disorder which are now unrecognized and neglected. Work already done in Connecticut and in New York, with reference to cases which have not become so unmanageable as to necessitate commitment, supports this contention. And so does the opinion of a well-informed and notably conservative psychiatrist and hospital superintendent of my acquaintance who told me that he believes there are nearly as many persons in this country afflicted with defined forms of mental disorder, as there are victims of tuberculosis.

If this estimate is even approximately correct (unfortunately no reliable census of mental cases outside of institutions is available), then we may assume that there are as many mentally disordered persons outside of hospitals for the insane as within their walls. This means that there are at large throughout the

country thousands of people afflicted in varying degree with some form of mental disorder,—people who have never been brought under treatment and who, in a majority of cases (unless existing ignorance is miraculously dispelled), will not be committed to an institution except as a last resort. Nevertheless, proof that these numerous cases of threatened, incipient and developed mental disorder should receive treatment and advice, or even some degree of control, may be found in the daily chronicle of murders, suicides, assaults, and other abnormalities of conduct and behavior by persons afterwards recognized as insane.

I dwell upon the prevalence of undiscovered, untreated and uncontrolled cases of mental disorder among the general public with the hope that I may help hasten the day when the plague of insanity, which afflicts this and all other civilized nations, may receive an amount of attention comparable to that now so effectively focused upon the white plague. As with tuberculosis, so in the attack on mental disorders, Prevention must be the watch-word. And the fact that the so-called problem of insanity is the more complex and baffling, and the results of a crusade more uncertain, makes it all the more necessary that concerted and intelligent action with reference to the problem shall be undertaken without further delay.

Psychiatrists hold out little hope that a specific for any form of developed mental disorder will ever be found. But their studies fortunately show that many of the insanities, in their incipient stages, are exceedingly responsive to treatment, and that "threatened" cases may, in many instances, be saved from mental collapse and commitment if given the benefit of intelligent advice at the right time. One thing, however, is certain: the burden of insanity can never be diminished except through education and the doing of intensive Social Service work.

This work should, therefore, be undertaken in every State under the guidance of the hospital officials, acting in co-operation with other representative physicians and laymen who are willing to work for the betterment of the mental health of their respective communities.

Dr. Hoch has told us that many cases of preventable mental disorder may be traced to alcohol, syphilitic infection, disturbing

environments, avoidable worry, faulty mental habits, and to persons of faulty "make-up," who, through ignorance or neglect, so often drift along the path of least resistance toward mental disorder, unless brought under intelligent guidance early in life when it may be comparatively easy to direct many "threatened" cases into the path of continued health and sanity.

Dr. Hoch's designation of the more tangible sources of mental disorder, and my promise to suggest at least one way in which some of them may be reached, places me under an obligation which I may best discharge by presenting a summary of the more interesting Social Service cases which have been brought to the attention of our Society. The varied nature of the assistance and advice given, not only to residents of Connecticut but of other States as well, shows how great a need there is everywhere for Societies and Committees for Mental Hygiene.

Of the more than one hundred social service "cases" which might be described in detail, if time would permit, half of those applying for advice are friends and relatives of patients, the other half consisting of ex-patients and "threatened" cases. These cases take on added significance when one stops to consider that scores of people in need of advice and assistance have not yet sought help because still ignorant of our Society's existence. The planned campaign of education, however, will help overcome this hindering ignorance of our work.

To include a list of the significant and interesting questions asked by applicants for advice would require more time than has been allotted to me. So, lest your Chairman should silence me before I have finished, let me hasten to acknowledge publicly, in behalf of our State Society for Mental Hygiene, Connecticut's debt to the nation's pioneer After-Care workers of New York.

The comprehensive plan for After-Care and Prevention, outlined by Dr. Adolf Meyer at your Albany Conference in January 1906, and the instructive discussion of Dr. Meyer's paper by Mrs. Acker, Dr. Elliot, Dr. Hutchings, Mr. Folks, Miss Clark, Miss Schuyler and others, has served as the basis for the Social Service plan of our State Society for Mental Hygiene.

Whether Social Service in mental hygiene may best be carried on under the auspices of an independent State Society, or, as

in New York under the auspices of the State Charities Aid Association, through local Committees for Mental Hygiene, is a matter which need not be discussed here. The important thing is that intensive social service work shall be done effectively in chosen fields, and that Prevention and Forecare shall be dominant features. After-Care will then follow as an inevitable consequence, and persons in need of advice and assistance will, as the public becomes familiar with the work, know how and where to find it.



APPENDIX

SOCIAL SERVICE CASES

Many people have asked: How does a Society for Mental Hygiene establish contact with those persons in the community who need its help, and what is the nature of the advice and assistance given them? This question may best be answered by describing a few typical Social Service cases. Inasmuch as the demand for data of this sort still exceeds the supply, and as most laymen are unfamiliar with the inner workings of a Social Service agency, the selected cases will be described in detail.

First, let us consider a typical and exceptionally striking Preventive case, which shows how the right word at the right time may keep the threatened individual in the path of health and sanity.

CASE A. That of a young man whose father became insane late in life. Ill-founded ideas regarding the effects of heredity soon caused the son to believe that he, because of his father's affliction, was fated to become insane. Continued brooding, together with business worries, threw him into a nervous condition which, because of his previous good health, he was the less able to understand. What his state of mind was when he sought advice, may best be shown by quoting with his permission, (which he gladly gives for the benefit of others) parts of letters sent by him to the Executive Secretary of the Society.

"Yesterday, while in New Haven, I tried to get you on the 'phone. Had I planned my visit to the city I would have requested an appointment with you for I have been anxious for some time to have a chat with you about what I believed to be the beginning of a mental condition which is not unlike your own experience.

"As I told you in a previous letter, my father is a patient in a hospital for the insane. I have tried hard to convince myself that there is no danger of anything happening to me through

being his son, but the thoughts that I may follow him grow stronger as time goes on and I am unable to stop worrying about them.

"In order that you may more clearly understand my condition I think it best to tell you about some of the things which started me worrying * * *

'In a short time I noticed I was losing the power of concentration, and thoughts of my father's condition were constantly before me.

"I knew from my studies that we inherit a tendency toward the diseases of our parents, and even though a hospital physician once told me that the cause of my father's trouble developed after I was born, still certain things made me believe that my brain was not in normal condition.

"I find that it is rather hard for me to talk without hesitating. Even a sentence of a few words will sometimes almost refuse to be spoken, while up to about six months ago I was always a very fluent talker and seldom had to think twice for the right word.

"At times my nerves seem to be getting the best of me, and, strange as it may seem, I have to go to a moving picture show to get relief.

"Many of the things I was most fond of I am beginning to hate and most of all I dread to be alone. I think I will enjoy a certain sight and when I get to it my thoughts of the future state of my mind are so strong that I must hurry away from the things I thought would give me pleasure.

"It is hardly necessary for me to try to tell you how much I would appreciate it if you could give me advice on how to get hold of my former self again. I will be very happy to follow any instruction you may care to give me. Perhaps I could go to New Haven if you think it would be to my advantage to have a personal talk with you."

At the interview asked for, this man was advised to consult a specialist as the Society's lay-workers do not presume to pass upon questions of diagnosis and treatment. The applicant said he would talk with a physician later, if necessary, but not until he had noted the effect of the social worker's advice. What

effect it had upon this man who was clearly threatened with insanity may best be shown by quoting from a letter written after his interview with the writer.

"Life for me has changed in many ways since I talked with you. Somehow I have forgotten to think about the possibility of mental disorder and I find that the day passes without the usual consciousness of nerves or personality or whatever you call it. I do at times get rather lonesome but, as a rule, I forget about it by reading, or some other way which would have bored me a week ago.

"If you could only realize how much I have profited by your suggestions you would understand how much I appreciate the value of your advice."

In another letter, written a few weeks later, the man expresses his appreciation even more graphically.

"I wish it were possible for me to fully express what it has meant to me to have had that talk with you, but try as I will, I cannot find words that will give you more than a glimpse of my real appreciation. I guess I am like the fellow who stumbled into a hole on a dark night and had the good fortune to catch hold of a beam as he fell. Not having the strength to pull himself up on the beam and not knowing the depth of the hole he hung there till daylight, at which time he discovered that the bottom was only about six inches below his feet. How disgusted he must have been when he thought of all the hard work he did holding himself all night! Still, it is easy to see how any of us would have preferred to hang there to taking the chance of dropping into a bottomless pit.

"Mentally I was hanging on a similar beam and you were the light that showed me the safe ground so that ever since our talk I have felt the firmness of it and have ceased to think even for a moment about the bottomless pit of my imagination.

"Don't you ever try to send anyone to a doctor for a 'talk' again. You just talk to those you come in contact with as you did to me and I am sure your words will have the same effect."

The concluding paragraph of the quoted letter shows how some persons in need of advice will appeal to a social worker more willingly than to a physician. Especially do "threatened"

cases fear to consult a specialist in nervous or mental diseases lest positive evidence of disease be found. In these circumstances, the social worker is able to play an important rôle, in that he can, on occasion, persuade persons in need of medical advice to consult a physician.

CASE B. That of a man who, though his wife's mind was known to be in a seriously disordered condition, was loath to place her in an institution for treatment. Like so many relatives of the insane, he was ignorant of what might best be done in the emergency which confronted him. Through our Society he was enlightened regarding the baffling intricacies of commitment, and given advice regarding private and public hospitals for the insane, with the result that he finally found courage to act with decision in his wife's behalf.

A quotation from a letter written later by the husband of the patient, shows how a Society for Mental Hygiene may serve as a Bureau of Information to uninformed and distressed relatives of the insane during that most trying period which so often precedes the commitment of the patient:

"Your kind interest in my troubles is greatly appreciated and but for your advice I should be wholly at sea. As it is, I find so much ignorance and contradiction that I am in trouble enough.

* * * If it takes all my brains, lots of time, and money, to get straightened out, and the mere preliminaries arranged, how do the poor and less intelligent people manage?

"It seems to me that the work you are doing for humanity in spreading light on these dreadful conditions is the most glorious on earth. I find obstacles to getting humane and quick restraint which ought to be relieved by law as a protection to society."

The writer of the aforementioned letter is not a resident of Connecticut. But what he says regarding the laws of commitment is, in some degree, true of all States in the Union. Every where, unfortunately, insanity is still regarded as a legal and police problem rather than as the medical and health problem which it really is.

The following case is typical of many of the uncontrolled cases of mental disorder which hospital statistics and news items prove are at large in the community all the time,—a case, too, which at an early stage of its development was possibly preventable.

CASE C. That of a young stenographer who ignorantly continued to work long after her condition of mind indicated the necessity for treatment. This young woman, a resident of a distant State, suffered an attack of appendicitis while residing in one of the smaller cities of Connecticut. During her period of convalescence at the local general hospital in which she was placed by her former employers, the physicians in charge discovered that the patient was mentally disordered. Such a discovery in this general hospital, as in all except a few in this country, could result in but one thing, viz., getting rid of the patient as soon as possible. While, in justice to the hospital authorities, it should be said that they informed the patient's brother of her condition, this did not improve her situation. The brother, owing to his lack of money and of knowledge of what to do in the emergency, did nothing; and his sister, the patient, who, because of her mentally disordered condition was the more difficult to control, was soon adrift in the community.

Being dependent upon her wages for support, this young woman sought and secured a position as stenographer in another city, but soon lost it because of her impaired mental and physical condition. As her delusions of persecution and self-reference were not easily detected by the uninitiated at that time, she was able to seek and secure other positions. Strangely enough, she next worked as stenographer in the office of one of the largest general hospitals in Connecticut; but, of course, failed to give satisfaction, and, as I have since learned, was discharged because found to be mentally disordered. Again she was set adrift in the community—this time actually set adrift—in a city where she had no friends or relatives to guide or assist her and at a time when she had to work in order to provide herself with board and lodging. At this juncture a chance acquaintance of the young woman happened to mention her case to the wife of a Director of the Connecticut Society for Mental Hygiene,

who suggested that she should be told to apply to the Society for advice. She did so at once, and for the next three months the Society's social worker acted as her friend and adviser.

At the very first, the applicant for advice was urged to return to her native State and seek treatment in an institution near her home. But this, because of the nature of her delusions, she refused to do. She also declined to enter a private hospital or sanatorium in Connecticut, because of that inbred, but ignorant, prejudice, which makes most people dread to enter a hospital for the insane. Therefore, in the absence of an intermediate type of institution, wherein "threatened" and "border-line" cases of mental disorder may be treated (institutions which, if they existed, many who now refuse to enter hospitals for the insane would willingly enter) an alternative form of treatment had to be adopted. The applicant for assistance was, in consequence, brought under the eye of a specialist in nervous and mental diseases, and given such treatment and advice as was possible under the circumstances. By means of frequent interviews and written reports, her case was watched, with the very important result that when her disorder became acute, as it did three months after contact with her case was established, the Society's social worker was at hand, ready to take drastic action, if necessary. But it was not necessary, because, when the woman, who by this time had moved to another city in Connecticut, found herself out of work, without friends or money, and suffering from hallucinations of hearing which were new to her and into which she had no insight, she at once wrote to the Society's representative for advice and assistance. Then it was that she readily consented to enter a private hospital for the insane (being a non-resident she could not be placed in a State Hospital) where, for five weeks, she remained at the expense of the Society. When it became evident that no immediate improvement in her condition could reasonably be expected, steps were taken to effect her transfer to her native State, a thousand miles distant. This was soon accomplished without untoward incident, the patient being deported at the expense of the State in charge of a deputy and a woman who had acted as her nurse in the hospital. After remaining at home with her mother for a few days, the patient, in

accordance with advice sent her family by those in Connecticut who had befriended her, was committed to a State Hospital in her native State, where she is now a patient.

At this point, we may well consider what the humane handling of this case, pending commitment and during the first weeks of the patient's initiation into hospital life, meant to her and to her grief-stricken and aged mother at home. Had this young woman not been befriended by our Society and kept under supervision, as she was, she might have harmed herself or others when her disorder became acute, and before necessity for her commitment had become evident to casual acquaintances in contact with her. Furthermore, she would, in all probability, have suffered the ordeal of commitment under the auspices of the police, as so many insane persons, especially friendless ones, now do, not only in Connecticut but in all States of the Union. As it is, the patient has begun her hospital life under conditions which cannot but increase her chances for recovery, as her confidence in friends and relatives has, to some extent, been preserved by the honesty and kindness with which she was treated prior to commitment.

That the shock to the mother when her afflicted daughter returned to her home was, in some degree, diminished by the ministrations of our Society, may best be shown by quoting part of the mother's letter of thanks: "I don't feel that I can ever thank you. Words cannot express my appreciation for your kindness shown my poor unfortunate child. * * * How grateful I am for the many acts of kindness to my daughter. I would gladly compensate all, were it in my power, but I know that each of you who have been so good to my child when among strangers and in need of friends will be rewarded, for the acts are seen and rewarded by the Saviour, who said even if you give a cup of water in His name you shall be rewarded.

"Will you please in your answer tell me what you think of my daughter's condition? Do you consider her case curable? Oh! the terrible suspense and anguish of mind I daily endure! If it were the will of the Father I could so much rather have laid my precious child away, knowing she would be at rest. * * * I do strive not to worry but my health has almost gone down since this great sorrow has come into my life. I am seventy-two years

old. I know my race is almost run and I try to be submissive. Please accept my deepest gratitude and present my regards to all who were good enough to help my poor unfortunate child."

Could there be a more impressive plea for the inauguration of Social Service work in all parts of the country? This distressed mother, and no doubt, other members of the family, need the words of advice and encouragement which a tactful and informed lay worker could so easily give them. Yet, as things are today in the State where this family lives, and in all other States except New York, Illinois and Connecticut, where organized Social Service work in mental hygiene has been inaugurated, little direct assistance and advice can be given to distressed relatives of the insane, who are so often as much in need of help as the patients themselves. Hope for the future lies in the activity of private agencies, as a result of which the States, themselves, will the sooner furnish adequate provision for all mental cases. Then the burden will rest where it belongs.

In considering this case, the question naturally arises: What should have been done when the physicians at the general hospital where the young woman was a patient, or at the second general hospital where she was a stenographer, discovered her to be in a mentally disordered condition? Frankly, considering the condition of affairs today in the field of mental hygiene, it could not have been expected that anything would have been done. Had the physicians, however, in the general hospitals referred to been familiar with the work of our State Society for Mental Hygiene, they would, as a matter of course, have placed this mentally disordered woman in charge of the Society's social worker, instead of getting rid of the case at the earliest opportunity and setting the patient adrift in the community, to care for or kill herself, as the case might be.

Consideration of all the factors in this typical, if possibly aggravated case, suggests a way to reach many of the sources of mental disorders and the preventable and curable cases which grow out of them. We must strive to make the public as familiar with the plans and work of its Societies or Committees for Mental Hygiene as it now is with the work of the numerous Anti-Tuberculosis Societies. Then prompt steps will, as a matter of

course, be taken to bring all threatened or developed cases of mental disorder in touch with the hospital physicians and other specialists in mental diseases, or with lay representatives of the local Society or Committee for Mental Hygiene. Each case can then be considered and managed on its own merits.

CASE D. It is not generally known that work in Social Service can be made to benefit the relatives even of those patients who must spend the remainder of their lives in hospitals for the insane. A striking instance of these benefits may best be presented by quoting part of a letter, recently received by the Society's social worker.

"I want to again thank you for setting me right in regard to my husband's position at the hospital. Since my interview with you I have experienced the only peace of mind I have known in months. Your explanations relieved my anxieties and dispelled my prejudice to such an extent that a great burden has been lifted from me. If only I had consulted you long ago I should have avoided the many mistakes I have made and been spared much unhappiness."

In a later interview this woman remarked: "I believe I should have suffered a nervous or mental collapse had not my mind been relieved from worry when it was. I am now able to secure restful sleep, something I hadn't enjoyed for weeks prior to my first interview."

This case is especially interesting in that it fairly represents the value of assistance that may be given to thousands of people in this country who have a relative, or intimate friend, among the incurable insane, or, for that matter, among the numerous curable cases. This woman's worries had their source in lack of knowledge of the inner workings of a hospital for the insane. Orders of the superintendent which tended to interfere with privileges which the wife thought should be granted her husband, she attributed to interested or wrong motives; and she continued to think so, and to worry, despite the superintendent's perfectly honest explanations, until the disinterested opinion of the Society's social worker overcame her ill-founded prejudice.

CASE E. Men whose wives are patients in hospitals for the insane are also in need of advice and encouragement, especially

for

men of the day-laboring class who so often have to give up their homes when their wives are removed to the hospital. A case of this sort of need has recently been brought to the attention of the Society. The husband has had difficulty in maintaining a home ~~of~~ his two children, a boy and a girl—aged ten and six years, respectively. Several talks with our social worker and a visit to the hospital in which his wife is a patient (made possible by a small loan from the Society, since repaid) served to overcome the disturbing fears which long had oppressed this man. That it is not only the older relatives of a patient who worry is shown most convincingly by a letter sent to the Society by the ten-year-old son of the patient. It is a pathetic bit of evidence of the need that exists for Social Service work in afflicted families. Says the little writer (speaking for himself and his sister):

"I have received a letter saying that my mama is alright." (Of course the letter was written by his mother, who, like most patients, considered herself well enough to return home.) "I wish you would be kind enough to bring her home to us papa is gone to Bridgeport for the next to days. Kindly Let me no what you can do for us. I will pay the expence out of my on saving money."

The good that a woman social worker could do in such a home is self-evident.

The abuse of alcohol is said to be the causative factor in the greatest number of cases where the cause is determinable. About 30% of all patients in hospitals for the insane (and an increased percentage among male patients) are there today because of alcoholic excesses; and in the cases of nearly as many more alcohol was a contributory, if not a determining, factor in their fate. Many of these patients, who, if doomed to anything were doomed to alcohol rather than to insanity, recover sufficiently to merit their discharge. It is, among this class of recovered patients, so prone to relapse, that work in After-Care becomes indispensable.

CASE F is such a case. That of a man of middle age, who, though an expert accountant, had great difficulty in securing work after his discharge from a State Hospital. Though he secured one position after leaving the hospital, he lost it through his habit of intemperance. Friendly advice and pecuniary assistance were

given him and as a result he voluntarily abandoned the use of alcoholic beverages. With the assistance of the Society he secured a position as bookkeeper and has since repaid the loan made for the purchasing of necessary clothing and for the defraying of expenses incurred in securing a position. A quotation from a recent letter will show how greatly he appreciates the Society's assistance: "I had expected to be able with the last payment to enclose two dollars that might be used to aid some one handicapped as I was. I have not had the surplus, but will send it in a week or so." He kept his promise, and recent letters show that he is prospering in his work.

CASE G. An unknown, who, several months ago, sent an anonymous inquiry to our Society. It read: "As suggestive questions for you to answer in your publications, I would ask if a discharged patient had best come home to old associations or have a new environment. Also, if old studies or business can be resumed, or if it is better to put the patient in entirely new lines of thought."

This anonymous inquiry is most significant. The writer is, apparently, one of that army of ignorant or prejudiced people who still regard insanity as a social stigma and family disgrace. But, fortunately, he proves that the uninformed and usually sensitive friends and relatives of the insane crave authoritative advice, and will accept it if placed within their reach. The number of unidentifiable requests for advice regarding all phases of the problem of insanity which have come to our Society, shows that nothing short of a campaign of education in mental hygiene can overcome existing prejudices and ignorance and prepare the way for effective work in the Prevention of mental disorders through the agency of Social Service. Let us, therefore, not be guilty of withholding the help which may be given so easily by means of this new form of philanthropy.

The Connecticut Society for Mental Hygiene acts in co-operation with
The National Committee for Mental Hygiene, under whose
auspices it was established.

The Connecticut Society for Mental Hygiene

maintains an office at 39 Church St.
(Rooms 318-319)

New Haven, Connecticut

Any person, whether a member of the Society or not, may—for the asking—obtain at the Society's office, or by correspondence, advice for himself or regarding the many and oftentimes perplexing questions which arise when a relative or friend seems in danger of nervous or mental collapse, or is about to be or has been committed to a hospital.

All correspondence should be addressed to Clifford W. Beers, Executive Secretary.

Telephone 3008

Publications of The Connecticut Society for Mental Hygiene.

Publication No. 1.—Prospectus of the Society in which the Scope of the Work and facts about Social Service are set forth.

Publication No. 2.—The value of Social Service as an Agency in the Prevention of Nervous and Mental Disorders. By Clifford W. Beers, Executive Secretary of The Connecticut Society for Mental Hygiene. Read at the 37th National Conference of Charities and Correction, St. Louis, Missouri, May 19-26, 1910.

Publication No. 3.—A Society for Mental Hygiene as an Agency for Social Service and Education. By Clifford W. Beers. Read at the 11th New York State Conference of Charities and Correction, Rochester, N. Y., November 15-17, 1910.

Copies of any or all of the aforementioned pamphlets may be had for the asking.

